# Inspection Report

***We are the regulator:*** *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Ridgemoor

The Mallards, Bridge Street, Leominster, HR6 8UN

Tel: 01568612595

Date of Inspection: 10 July 2013

Date of Publication: August 2013

We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|---|---|
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Safety, availability and suitability of equipment** | ✓ Met this standard |
| **Assessing and monitoring the quality of service provision** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | Midland Heart Limited |
| Registered Manager | Mr. Kiain McKean |
| Overview of the service | Ridgemoor Road is a care home for people with learning disabilities providing accommodation and personal care for up to eight adults. |
| Type of service | Care home service without nursing |
| Regulated activity | Accommodation for persons who require nursing or personal care |

# Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

## Summary of this inspection

### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

### What people told us and what we found

When we visited Ridgemoor Road we met seven of the people who lived there. They were not able to tell us very much about the care they received due to their learning disability. We found that people's needs were being met. We saw staff engaging with people in a friendly and caring way. People had been supported to look their best and they were relaxed and comfortable. Activities were offered and those who enjoyed accessing the community had the opportunity to do this.

The majority of the staff team knew people and their preferences well. The staff were able to tell us about the support people needed with areas such as nutrition and pressure area care. People's wellbeing and any concerns were taken seriously. Information was shared effectively between staff.

Suitable staffing levels and equipment were in place to meet people's moving and handling needs safely. The team sought input from external professionals when needed. The staff were suitably trained and felt supported.

The management arrangements had recently been changed and the registered manager was spending just one day a week at the service. The provider formally monitored the quality of the service each month.

You can see our judgements on the front page of this report.

### More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Care and welfare of people who use services** ✓ Met this standard

**People should get safe and appropriate care that meets their needs and supports their rights**

### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

### Reasons for our judgement

Most people in the home were not able to speak with us about the care they received and their experience of living in the home. Therefore we observed how staff interacted and supported people. This helped us to make a judgement on how their needs were being met. We spoke to four people, spent time in the communal areas of both bungalows and saw the lunchtime meal in one. The people that were able to speak said, "yes" when we asked if they were happy living at the home and "yes" when asked if they liked the care staff.

We found that people's needs were being met. We saw staff engaging with people in a friendly and caring way. People had been supported to look their best and they were relaxed and comfortable. One person had been supported to visit a relative. The staff were able to tell us about the support people needed with risk areas such as posture, nutrition and pressure area care. We established that people's needs were kept under close review through discussions at regular staff meetings and key workers evaluating the care plans each month.

One monthly summary review did not reflect that the person had gained weight when their health care plan aim was for controlled weight loss. Staff meeting minutes showed this had been picked up and action taken to increase monitoring of food intake.

We saw the care plan of a person who has lived at the home for many years. This contained detailed information about the person's needs and included their preferred routines, health, personal care and communication needs and essential information for a hospital admission. The information was personalised and covered risks that staff needed to be aware of to help keep people safe. The plan had been kept under review and information added as changes occurred.

Two people had moved in to the home since we last inspected. We looked at their records to see how their needs were being met. Some assessment information had been received from their funding authority. An assessment had not been completed by the service due to

the emergency nature of both admissions. A care plan had been developed for one person. This was very personalised and showed that the staff had carefully considered the person's preferred routines and special needs. The person had settled well and looked at ease with the staff.

The second new person had moved from another care home who had provided a copy of their care plan for this person. This plan was available to the staff but one worker said they had not read it. The provider may wish to note that although the person's placement had not been confirmed as permanent there was no evidence that this plan had been reviewed during the three weeks the person had lived at Ridgemoor Road. No changes had been made to reflect that the person was in a different environment where risks may need to be managed differently. A risk arising from this person's behaviour had been identified in two incident records. These had been highlighted to catch staff's attention. A risk assessment had not been completed about this to formally guide staff about how to manage this behaviour.

This person had a chronic medical condition. The provider may wish to note that no literature on the condition had been provided. Staff told us that the local GP had been informed of the person's admission and the GP was going to make the link with the specialist nurse for this condition. The person needed to attend six weekly podiatry appointments. The staff on duty were not aware at which clinic these had been attended in the past or when the next appointment was. The manager told us after the inspection that training on the condition had been arranged prior to the inspection and that a key worker had been appointed who was working proactively to ensure the person's health needs were fully met.

The daily records for all three people showed that they had been supported to meet their care needs and to attend routine health appointments. Daily notes were detailed enough to allow monitoring of specific areas, such as appetite or behaviour. Monthly review records gave details of the activities people had taken part in and if they had benefitted from them. Some people did not go out very often due to their health needs or preference to be reclined on bed rest. Their bedrooms had been nicely personalised and sensory equipment provided.

**Safety, availability and suitability of equipment** ✓ Met this standard

**People should be safe from harm from unsafe or unsuitable equipment**

## Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

## Reasons for our judgement

Suitable equipment was in place to meet people's moving and handling needs. The equipment included fixed tracking and a mobile hoist. Some people had profiling beds with pressure relieving mattresses. The staff felt that they had sufficient equipment and the correct staffing levels to assist people safely with their moving and handling needs. People had their own hoist slings and staff said these were checked regularly to ensure they were in good condition. People had more than one to allow for laundering.

Both bungalows had accessible shower rooms but only one was fitted with a suitable accessible bath. Staff were hoping the unsuitable bath would be replaced so they could offer people the choice between a bath or shower. A tracking hoist was fitted in this bathroom so it was just the bath design that was causing the problem.

Detailed moving and handling assessments were included in the care plans. Equipment had been assessed by external professionals at the Community Learning Disability Team and District Nurses.

Staff had been trained and refresher courses were provided periodically.

There was a lack of storage facilities for the large amount of equipment in use. This meant that items were stored in the corridor, people's bedrooms or the bathroom. The provider had told us they were considering building a link between the two bungalows so these plans may include storage for equipment.

A new accessible minibus was being considered on the day of our visit to replace a smaller vehicle. This would mean there would be two accessible minibuses suitable for people who use quite large wheelchairs.

**Assessing and monitoring the quality of service provision** ✓ Met this standard

**The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

## Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive and identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

## Reasons for our judgement

The provider was going through a process of reorganisation and slimming down of the management structure across Herefordshire. The manager of Ridgemoor Road was currently also managing the domiciliary care service across the county and was spending only one day a week at the home. The senior carer role at the home was finishing at the end of July 2013. Three new posts of team leader had been set up and these seniors were to work across north Herefordshire each spending one day a week at the home. It was not possible to assess if this proposed management structure would provide effective leadership for the staff at Ridgemoor Road and as a result responsive care for the people living there.

The staff said they felt that the manager was still overseeing the service and they could gain support and advice when needed. Handovers were held between each shift to help ensure effective communication. The provider had started a new staffing system where all staff worked at a different service at least once a month. This had led to staff who were based at other services covering vacant shifts at Ridgemoor Road. Staff told us it had been time consuming when these staff had been shown everything on their first shift but then had not returned to work in the home again.

The premise was well maintained, clean and homely. From a sample we saw that routine health and safety checks were carried out. The quality assurance manager carries out monitoring visits each month and we saw the most recent one of these. This showed that that effective monitoring was taking place and that actions were identified where any shortfalls were found. Staff told us that the actions identified had been completed.

Staff told us that no complaints had been received since our last inspection. We had not received any complaints and no safeguarding of vulnerable adult alerts had been raised about the service.

We saw from the training chart that all staff had completed core safety training including fire awareness and moving and handling. The need for refresher training had been planned ahead. Staff told us that they felt suitably trained and that learning and

development plans had recently been completed for each worker.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

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| ✓ **Met this standard** | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| ✖ **Action needed** | This means that the standard was not being met in that the provider was non-compliant with the regulation.<br>We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact -** people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact -** people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact -** people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

**(Registered) Provider**

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

**Regulations**

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

**Responsive inspection**

This is carried out at any time in relation to identified concerns.

**Routine inspection**

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

**Themed inspection**

This is targeted to look at specific standards, sectors or types of care.

## Contact us

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|---|---|
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